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A CLINICAL LECTURE.

FLOATING KIDNEY-ANEURISMAL DILATATION OF THE ARCH OF THE AORTA.

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[Reported by WILLIAM MORRISON, M.D.]

GENTLEMEN: This patient, who has been under observation for several years, is a native of this State, 31 years of age, and a salesman by occupation. His habits have been good, and he has never been much exposed to the weather. The family history is far from being good, there being phthisis on the paternal side and cardiac disease on the maternal side, being well marked in both cases. His father died of hemorrhagic phthisis. A brother of the father died of phthisis, and one of the patient's brothers died of the same disease, while the mother and the maternal grandmother died of cardiac disease. The patient has had the ordinary specific diseases of childhood, with the exception of scarlet fever and diphtheria. I ask you to note this point particularly, because the symptoms which he now presents are referable to the kidneys. He was in good health until 1875, when he began to be troubled with dyspepsia, nausea, and distress after eating. This he attributes to irregular meals and rapid eating, which were incident to his work. In 1876 he met with an accident, to which I wish to attract your attention strongly, as it appears to mark the beginning of the symptoms from which he now suffers most markedly. While carrying a washstand, weighing about fifty pounds, on his shoulders, he slipped and vio-

lently wrenched his back. From this accident he dates a distress which he has in the loins, which is made worse by any exertion, and seems to be slightly affected by changes in the weather. He says that since this time he has not had a well day. He continued to work for three or four months after the accident, but since that time, although not confined to the house, has been unable to work. I saw this patient four years and a half ago, and have had him under observation more or less during all that time, and the statements which he now makes agree fully with those which he made when I first saw him. In addition to the pain in the back, there is a pain in the right side of the abdomen, which shifts its position from the hypochondrium downwards into the right iliac fossa. When this is most marked, the pain in the back will be at its worst. Four years ago, in 1879, he caught a heavy cold, which was followed by an increase of the distress in this region, and this continued for some weeks. For the past two years, in addition to the constant pain in the loins and the occasional distress in the right side, there have been irregular, sharp, darting pains running around the back, and shifting there position from time to time. His general health has failed, and he has lost flesh and strength and become pale. Ever since the injury there has been more or less frequency of micturition, and at times the urine has been scanty, requiring the use of diuretics, and occasionally there has been distress, and small quantities of urine have been passed with a good deal of straining effort. From time to time traces of albumen and a few casts have been found in the urine; but since his admission to the hos-

pital two examinations of the urine have been made, but no albumen or tube-casts have been found. When he has the distress in the side, the trouble with the urine is most marked. Altogether the symptoms have been rather more aggravated during the past eighteen months. Sometimes there is diarrhoea; at other times constipation, and occasionally flatulent distress and colic. The patient thinks that his sight has failed. We have not yet had time to examine the eye-ground, but two years ago an examination revealed no changes in the eye.

Such has been the somewhat curious history of this man's sickness. He is tall; his face is pale; the tongue is moist and coated; his appetite is irregular. He suffers from a little nausea in the morning, but rarely vomits. There is a good deal of flatulence and irregular action of the bowels, and more or less pain in the right side and across the back, which is increased by walking or any other exertion. He walks in a stiff, slow manner, favoring the side. He also stands in a bent position, as standing erect increases the pain; when he goes to stoop the pain catches him. Examining the position of the pain in the back, we find that he complains of pain as high as the lower ribs, but pressure in the region of the sacro-iliac symphysis of the right side causes the most severe pain. There is tenderness on pressure over the fibrous tissue around the sacro-iliac symphysis, and possibly over the deep branches of the gluteal nerves. The pain is not felt on the right side. It is this pain which interferes with walking. There is considerable distress over the right renal and lumbar regions, extending round to the front, from the hypochondrium to the right iliac fossa. In the examinations of the urine which have been made there have been no evidences of inflammation of the pelvis of the kidney, there has been no large deposit of pus at any time. In my first examination of this patient I detected a movable body which he is able to manipulate at will. It appears on the right side under the ribs, and goes forward as far as the median line, and down below the umbilicus. This tumor disappears when he turns upon his back, and by manipulation can be pressed backward entirely out of reach of palpation, into the region of the right kidney. As far as I can determine, the outline of this tumor is oval; it is four inches long by two and a half wide; it is smooth and firm, and I

seem to feel a notch on the inside, about the position of the umbilicus. In other words, the shape is strictly reniform, or kidney like. You will, of course, be prepared for, from the history of the case, from the size of this tumor, from its mobility, from the fact that it can be brought out by certain movements, and by other manipulations be returned beyond the reach of palpation, from its position and from its shape, for the suggestion that this is a movable right kidney. Such was my opinion when I first saw the patient, and such is still my opinion. In the accident, which occurred seven years ago, he so strained this part as to loosen from its attachments the right kidney, and cause it to slip out from its position, and its connections, being thus dissolved, it has remained as a movable body, being attached only by the ureter vessels and nerves, and capable of being returned to its normal position, and moved more or less freely through the abdomen. In order to prove that this is the case, we should expect to find irritation of the kidney; this you will observe has existed. There has been, during almost the entire time, frequency of micturition, sometimes painful micturition and distress referred to the renal region, but it is not this which causes the whole of his suffering; there is also pain in the left side, over the sacro-iliac symphysis—this is probably of rheumatic origin, still the greater part of his suffering is referrible to this region.

It is also important to show that, when this kidney is out of place, percussion in the right renal region gives a different note from that of the left renal regions. It is always most satisfactory to develop the proof, but it cannot be done in every case. This test is of course the crucial one, and demonstrates that the patient is suffering from floating kidney. Percussion of the renal regions is not always satisfactory. In the first place, the kidneys are largely covered in by heavy muscles, and the differing degree of development causes a varying degree of dulness on percussing over the renal regions in different individuals. Sometimes the resonance of the intestines can be traced close to the lateral processes of the vertebra; at other times, the mass of muscles give dulness, extending some distance to the outside of these processes, and encroaching more or less on the normal position of the kidney. The extent of dulness caused by the kidneys is

about two inches in length, and from one inch to an inch and a half in width; on the right side the position and shape of the border of the liver exerts an important influence, the dulness of the liver running into that of the kidney. In some cases the liver extends so low that it is difficult to say whether the kidney is present, partly covered by the liver, or whether it is entirely absent. On the right side there is no cause of dulness, as the margin of the lung comes well down. In the present instance, the kidney, which is supposed to be out of place, is the right one, and therefore the difficulties which I have mentioned are prominently to be met with; at the same time, this test should never be omitted.

I shall now apply this test to the present case, asking the patient to hold the movable body in front, and lie on his face. On the left side there is dulness over the region of the kidney; as we reach the lower edge of the organ difficulties pertaining to the intestine are encountered. If the intestine is distended with air it will give tympanitic resonance easily demonstrated, but if there is a considerable amount of liquid or solid matter the line of separation between the kidney and intestine will be altogether uncertain. These examinations have to be often repeated, at varying periods of digestion. On the left side, the dulness extends to below the crest of the ilium; on the right side there is distant resonance over the right renal region, but it is not distinct. The result of this examination is altogether unsatisfactory, still it points to the absence of the right kidney from its normal position. When I last examined this patient, two years ago, the difference between the two sides was very marked, and he has been examined by Dr. Hughes with the same result within the past few days.

This has been an aching and painful kidney, as a displaced kidney is apt to be; not only that, but it is a kidney liable to attacks of congestion and slight catarrh; this is shown in the varying amount of irritation of the kidney, the frequency of micturition, and in the occasional presence of small amounts of albumen and tube casts, which continue a little while and then disappear. It is not usual for movable kidneys to become the seat of Bright's disease; they are congested, painful, and there may be a slight amount of thickening of the interstitial tissue, but as a rule, it does not go

on to the development of parenchymatous or interstitial nephritis. More frequently, these kidneys become the seat of pyelitis with the formation of pus, and this may keep up extremely severe urinary symptoms and may go on to the production of serious effects upon the general health. The effects upon the general health are principally to be attributed to the great reflex disturbance which is exerted upon both the digestive organs and the spinal cord. Sympathetic dyspepsia, often of a severe character, is frequently met with. There will be nausea, occasional vomiting, distress after eating, irregular action of the bowels and other evidences of severe and aggravated dyspepsia may be present.

In the female, in whom floating kidneys are far more common than in the male, reflex nervous symptoms, often of a severe character, are not rarely met with. In the male, the nervous disturbance is usually limited to attacks of pain, and to a sense of exhaustion on effort, apparently due to the exhausting influence of protracted irritation upon the spinal nerves. A part of this man's symptoms, especially the urinary trouble, the pain in the back, and the distress in the right side, are entirely referrible to the trouble with the kidney. The other symptoms show that he has also become the subject of lumbago and irritation of the fibres of the deep-seated mass of ligamentous tissue uniting the ilium and sacrum. This complication is the cause of much of his helplessness.

His condition now demands a more radical treatment than he has yet received. The treatment thus far has been largely dietetic and hygienic. This affection is wearing him out, his resources are limited and he cannot work, and the question arises whether or no it is not our duty to do something more radical. When I wrote to his physician, sending an order for his admission to the hospital, I thought that the greater part of his symptoms would be found to be due to the displaced kidney, and I had decided to advise extirpation of the organ. Finding that he is suffering from lumbago, I shall first try to relieve this, before resorting to so serious an operation as the extirpation of the kidney; the actual cautery will be applied at various points over the sacral region. In addition, systematic massage will be employed to bring into play the muscles of this region, and moving these joints as much as they are capable of being moved. He shall have a

considerable amount of rest, with graduated exercise. Internally, I shall order iodide of potassium and guaiacum. To render the urine as non-irritating as possible, the diet will consist of farinaceous articles and milk. This treatment will be continued for six or eight weeks, and we shall then be able to see how far we may expect to restore him to usefulness. If this fails we shall consider the question of extirpation of this kidney. I think the patient would rather incur the risk attending the operation than continue the life of helplessness and dependence which now stares him in the face.

Aneurismal Dilatation of the Arch of the Aorta.—

Dr. Hughes sends from the dispensary this patient, who is said to be suffering from aneurism of the thoracic aorta. This is the history: "P. L., æt. 68, a laborer of regular habits; was well and strong until one year ago, when he was severely squeezed between a horse and the wall of a building; soon after this, palpitation of the heart followed sudden exertion or excitement, this was accompanied with severe pain over the præcordia; shortly after this any heavy exertion or excitement began to produce dyspnoea. Now exertion of any kind brings on troublesome dyspnoea. Over the ascending thoracic aorta dulness exists; there is also pulsation, thrill, and a double murmur over this region; the radial pulses are unequal; there are no signs of pressure on the œsophagus, trachea, or nerves."

This certainly points to some abnormal condition of the aortic region, but whether aneurismal or not depends upon the development of these different signs. Looking at the chest, you notice, in the first place, that there is no apparent bulging, the chest is symmetrical, the vessels at the root of the neck are heaving strongly; the apex beat of the heart is somewhat extended, and too far to the left; the action of the heart is heavy and labored; there is a sense of pulsation communicated to the hand, placed over the upper piece of the sternum; but I should call it a sense of pulsation, rather than a distinct pulsation. It is not increased by the patient leaning forward; the arteries are beating so strongly that we should expect a communicated pulsation. On auscultation, I hear a double murmur at the base of the heart; the systolic element of this murmur is most distinctly heard at the apex of the

heart, and is carried around to the line of the axilla; in this position the quality of the murmur differs from that of the murmur heard at the base of the heart; we have therefore mitral regurgitation; both murmurs are loudly carried upward, there is a double murmur heard distinctly over the aorta; this murmur increases in intensity, as I pass upwards, and is loudest at mid-sternum, opposite the first interspace. This is a little too high for the point of maximum intensity of a murmur depending solely upon disease of the valve. When the aortic valve is diseased the murmur is carried upward and to the right, and is heard most distinctly at mid-sternum, opposite the second interspace, or second rib. The murmurs in the present case are heard so strongly over the arch of the aorta as to suggest that they are reinforced by some cause in the course of the aorta itself. The fact that we have the murmur over the valve causes me to regard it as depending on roughening and insufficiency of the aortic valves, and the fact that it reaches its point of greatest intensity so high up, that there is some condition of the aorta itself which reinforces and intensifies the murmur. That condition may be merely atheroma, or with the atheroma there may be aneurismal dilatation, or there may be what may be truly called an aneurism.

In the next place, let us study the results of percussion. The base of the heart is about the third rib. Over the course of the aorta there is a distinct modification of resonance. Up to the left edge of the sternum there is full pulmonary resonance; but, as I go on the sternum, the percussion note becomes hard, high-pitched and impaired; this impairment or resonance extends over the sternum, and pulmonary resonance is not obtained until we get fully an inch outside of the right edge of the sternum. In the normal individual, the course of the aorta can be traced by a narrow line of impaired resonance, which is chiefly observed during expiration. In the present case, there is dulness extending one inch outside of the right edge of the sternum; this corresponds with a great increase of the normal area of dulness over the ascending part of the aorta. These signs indicate that the arch of the aorta is dilated, and this dilatation is sufficient to be called aneurismal. It is more than that slight amount of uniform dilatation which in elderly persons with atheroma is not rarely met with,

but is not sufficient to justify the diagnosis of aneurism, for it is not liable to be followed by the dangers of aneurism.

What has been the effect of this upon the circulation? The pupils are equal and movable. There is marked arcus senilis on each side; the radial arteries are atheromatous, tortuous and rigid; the left artery being decidedly larger than the right; there is an inequality of the pulses, in favor of the left, indicating that the amount of blood which enters the innominate is not as large as it should be; this would accord with the fact that the disease of the aortic arch is most marked on the right side, and extending upward encroaches on the orifice of the innominate vessel. I am unable to detect any difference in the carotids on the two sides; there is no difficulty in swallowing; the voice is natural, and there is no pain, except over the heart itself.

There is, then, aneurismal dilatation of the base of the aorta, extending chiefly to the right, and anteriorly, but probably not amounting to a real sacculated aneurism, associated with roughening and insufficiency of the aortic valve and mitral regurgitation. The accident referred to may have been the exciting cause of this trouble, but we cannot refer the whole disease to this occurrence, for it has been of gradual development.

This is not a case in which it would be desirable to adopt the radical cure of thoracic aneurism; his age, the fact that the aneurism is not sacculated, the general disease of the arterial system, the complication with cardiac disease would make it undesirable to subject this man to the rigid and painful treatment for the radical cure of aneurism. The position of the tumor is such as not to justify electrolysis, and I should not like to put this man to bed and starve him. The treatment which I should suggest is, to regulate the diet and hygiene, and administer iodide of potassium internally.

A NOVEL EMETIC.—Dr. A. E. Sturge, a medical missionary to Siam, describes the case of a young native lady who took, with suicidal intent, a large dose of opium. The usual emetics failed, whereupon the old Siamese doctor took a live eel, clipped off a part of his tail, to make him squirm in a lively manner, and then poked him tail first down the patient's throat. Emesis was at once accomplished, in a first-class way, and the damsel lived to conquer hearts, if not eels.

BACKACHE AND WEAK BACK IN YOUNG GIRLS—TREATMENT.

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BACKACHE is the bane of women from early school-life to old age, and few females are without it for fully three-fourths of every day in their life; in fact, many suffer from it, not only from morning to night, but from night to morning also, their sleep being lessened in amount, and rendered less restful in character, when they get any. The cause of backache in adult females is usually dependent upon some form of uterine difficulty, although it is generally attributed to kidney disease by the laity, an opinion which is largely fostered by the quack medicine fraternity, and entertained by too many physicians who do not trace symptoms far beyond their immediate location. Many cases in my practice have, before I saw them, gone through a course of kidney cures, diuretics, plasters, and pads, to say nothing of liniments and home-brewed teas, all of which have done no good, except to the enterprising druggist who prescribed them so confidently, and which after suitable local treatment soon cleared up.

In children the causes are, of course, different, but in girls of from fourteen to twenty we have frequently a combination of the troubles incident to childhood and mature age.

Neuralgia and subacute rheumatism are quite common amongst children under twelve years of age. The careless method of dressing children, especially girls, gives rise to a considerable amount of suffering which is popularly termed "growing-pains." It is neither reasonable nor philosophical to tax nature with such uncomfortable and unnecessary complications of development; and there is no more need for pains in the epiphysis of growing bones than there is in the hair or nails, and in a well-cared for and healthy child there is no pain. In most of these cases attention to the warmer clothing of the child, particularly as to its feet and legs, the drawers being tightly closed around the pelvis (the usual arrangement being in girls simply an open funnel for collecting cold air), will correct the trouble if done at once, before too much harm is developed; but relief failing, it is well then to put the child on a mild preparation of cinchona, say, the

elixir calisaya, with from one-half to one drop of liq. potassa arsenitis in each dose. *Serpentaria* is a valuable remedy in such cases, but it has unjustly fallen out of use. In ordinary cases of muscular rheumatoid affections this will work well, but if the pain does not abate in a short time cinchonidia may be substituted for the elixir; and as the taste is repulsive to any sensible child, the drug should be inclosed in capsules, which are preferable to pills for young patients. I do not like salicylic acid or its salts in children, and colchicum or lithia do not with myself produce satisfactory effects in rheumatic troubles. If the little patient is anæmic, the best preparation by far is the potassio-tartrate of iron in syrup aurant, which is not at all disagreeable to take. One great advantage of this is that constipation is not produced by it, and as a promoter of red corpuscles it is, I believe, unequalled. Few cases of muscular pain in children, either in the extremities or trunk, will require more decided treatment than above indicated. Backache in school-children frequently arises from the constrained position which they are allowed or compelled to assume at their desks. The large number of muscles which support the spine and ribs and assist the respiratory movement of the thorax, are often compressed by tightly-buttoned clothing also; and between the rigid attitude observed and the lack of opportunity for muscular motion, it is no wonder that before night so many children grow weary and ache from head to foot. It is noticeable that the little ones at the Kindergarten do not complain nearly so much as when they are promoted to a desk, and it is because they have more liberty of movement through marching, singing with accompanying motions, and the like. When quite small children, say from five to six years of age, *must* go to school, the Kindergarten is advisable; not because they learn anything there (for they don't; it is merely play, for which the parents pay), but because they are not cramped and confined for two or three hours at a time.

In boys we do not meet the backache found in so many girls after they reach twelve or fourteen. The boys have their games of more or less roughness, which limbers them up and maintains freedom of muscular action and good circulation through the lungs. Unless a girl is stronger-minded than usual, and cut out for

a female doctor or some such abnormality, she prefers the quieter recreation of her associates, and gets little or no exercise except for her locomotive muscles. In a few instances, under proper supervision, gymnastic exercise make up for lack of use in the erecting muscles of the back, and here we usually have little difficulty to contend with. Most of the gymnastics of female colleges, however, are more of an addenda to the quarterly bill for tuition than a real advantage to the young ladies.

A very good method to exercise and develop the chest and muscles of the back, is to teach the young lady a little practical housekeeping. Set her to work to make her own bed, to sweep her carpet, not with the labor-saving carpet-sweeping machine, but with a good broom. Make her dust off the bric-a-brac, the pictures, and the hangings; all such exercise brings into play the muscles at fault, and she learns at any rate what she ought to know, even if the chambermaid has to do the work all over again after the young lady goes off to the seminary. For those who live in the suburbs, gardening is an excellent recreation and exercise combined. The popular notion about working in mould or soil being bad for consumption or those with weak chests, is on a par with the stupid idea that flowering plants in bed-rooms are injurious, the contrary being the truth in both instances.

The remarks just made are intended to apply to young ladies of moderate or well-developed physique who are able to do a fair amount of manual labor. Unfortunately, however, the majority of sufferers from backache are undeveloped, and below par as concerns their muscular and nervous system, and other methods must be employed with them. Passive exercise is here indicated; that is, their muscles must be systematically braced up by other than their own voluntary movement. An excellent plan is the application of massage, morning and night, to the whole body, but particularly to the trunk. The writers on this subject have brought the public to believe that the manipulations needed cannot be done except by experts in private hospitals, or by manipulators sent from these institutions to your homes at heavy expense; and a great deal of twaddle has been expended on the matter, environing it in a maze of French verbiage, which with people with more money than brains does very well, and is greatly to the advantage of the

said experts. The whole performance may be reduced to three movements or actions: rubbing, kneading, and squeezing. The first has been done by every mother for the relief of pain from time immemorial; the second consists in gently pressing and rolling the muscles under the ends of the fingers first, and then beneath the closed knuckles of the hands, until the entire surface has been gone over; and the third is accomplished by grasping as deeply as possible a handful of tissue with one hand, and another with the other hand, and then alternately compressing and relaxing the hold, gradually working from one end to the other of the part gone over. The manœuvre requires little dexterity, it can be learned by any intelligent person in half an hour, and the forcible method in vogue by many professional manipulators is neither necessary or judicious.

To avoid unnecessary friction, and to render the operation more agreeable to the patient, the inunction of some bland oleaginous material is desirable. One of the best articles is cocoa-butter, which is cheap and efficient in developing the needed adipose to round out and make symmetrical the figure. Cosmoline is not so good, as it does not penetrate so rapidly, but it has been much used for this purpose. Oil of sweet almonds is an excellent material, and so in many cases are the oleates, which may be varied from the simple oleate to those containing iron,—for instance, in anæmia; or zinc, lead, or other therapeutic agent, in skin disorders, which are often present in debilitated school-girls.

Of all agents for strengthening and overcoming the weak back of girls from thirteen to twenty years of age, electricity is by all means the most valuable. In no other method have we at our command, on one hand, the means of stimulating circulation and nerve force, or calming, on the other, excessive nervous sensibility. At this period a new problem is concerned,—the establishment of normal menstruation, a *sine qua non* to perfect health to young ladies arrived at the age of puberty. As we have before said, a large number of weak backs are traceable to errors in dress and want of proper exercise, but the great majority are due to ovarian congestion. If proper care was observed by family physicians in the management of such cases there would be far less dysmenorrhœa to treat in the after-life of young ladies, neither would amenorrhœa be so com-

mon. Very few mothers know that menstruation should be absolutely painless, and that any deviation from perfect regularity in the occurrence of the flow is abnormal.

Some writers make little of these defects, and advise that nature be left to itself. I deprecate this dictum, and do not believe that dysmenorrhœa, left alone, will ever cure itself. Every indication shows that, on the contrary, it will grow worse, unless in those cases due to rigid os where through marriage the cervix uteri is forcibly dilated in parturition, and here nature does what the gynæcologist ought to have done before conception.

Amenorrhœa, also, in young girls should never be neglected, for harm is certain to follow sooner or later, not only to the pelvic organs, but to the heart, lungs, or brain. I have now under treatment in two hospitals a number of young girls suffering from serious nervous disorders consequent upon amenorrhœa, and in the worst of these cases the mothers were told to let the patient alone, that "it would come right after awhile." The menstrual flow in these patients has not "come right" yet, but when it does, I hope to send them home minus their backache, chorea, hysteria, and other neurasthenic difficulties.

I have, elsewhere,* described the treatment of amenorrhœa by electricity, and in the same journal† given the treatment of ovarian congestion and neuralgia by the application of galvanic, faradic, and static currents, to which the reader may refer if desirous. The employment of electricity, simply or as an emmenagogue, is treated of in another journal‡ by a communication in response to the request of the editor. In these papers cases illustrating the value of this agent are given, and many others might be here adduced, but space does not permit. Dysmenorrhœa is, of all troubles which afflict young women, the commonest and most difficult to manage by ordinary methods. In a paper read before the Philadelphia County Medical Society on this subject,§ the plan adopted by myself is given, and two of the cases described were previously treated by gentlemen eminent in gynæcology, but who, having no experience in electro-therapeutics, failed to

* Medical Bulletin, Vol. III. No. 1, January, 1881.

† Medical Bulletin, Vol. IV., pp. 87-91, April, 1882.

‡ Therapeutic Gazette, November, 1882, pp. 404-406.

§ Proceedings Philad. County Med. Society, Vol. 3 p. 1006; and Philadelphia Medical Times, Oct. 9, 1880, pp. 1-7.

help these cases by the most energetic treatment as usually adopted. The backache in these cases is generally a prominent symptom, and it is rebellious when severe to anything except pronounced doses of anodynes; and as these agents control the pain only in such large doses as to interfere with digestion, the added difficulty in already debilitated patients is sometimes as bad, if not worse, than the original cause. To illustrate this point, the following cases are appended:—

CASE I. *Dysmenorrhœa with Nervous Debility*.—A. E., a delicate girl, 19 years old, consulted me some years with a history of bad neurasthenia. During the entire month her backache was constant, but at the time of menstruation it was almost unbearable. She had dysmenorrhœa, but although she had gone through a radical course of both medical and surgical nature for five years before coming to me, and the morphia, chloral, bromide, etc., had utterly destroyed her appetite and digestion, the painful menstruation persisted. I placed her under galvanism three times a week, and in three months she was discharged cured. The positive electrode was placed on the genito-spinal centre, and the negative for fifteen minutes in the cervical canal, except during the week preceding menstruation, when the current was applied from the centre to both ovaries by a divided rheophore. Nothing else beyond liberal diet was done, and with the attainment of painless menstruation her nervous symptoms disappeared, and she is now a well-developed and perfectly healthy young lady.

CASE II. *Amenorrhœa alternating with Dysmenorrhœa*.—S. R. D., a well-developed brunette, reached her seventeenth year before the catamenia appeared. Although she suffered from severe lumbar and pelvic pain periodically, nothing was done toward establishing her menstrual function, and anodynes were freely used to quiet her at these times, although doubtless nature was trying to "bring her regular," as her mother said. The treatment certainly relieved her pain, it also destroyed her appetite, and she eventually became anæmic, thin, and unable to continue her studies. In her anxiety, her mother brought her to this city, and the physician consulted put her on iron, quinia, and strychnia as a tonic, which not only aided her general health, but doubtless was the means of starting her menses, which appeared some weeks after commencing the tonic. Her

general health was much improved, but she was regular as to time only twice, then irregularity occurred, and she would menstruate every two, three, or four months. Finally, the dysmenorrhœa, which had been getting worse, constrained another visit to town, and she came into my charge. I ordered her the following, which is a good tonic in spamenorrhœa:—

R. Strychnia murias, . . . gr. j.
 Ferri quevenne,
 Assafœtida pulv.,
 Quinia murias,
 Ext. sumbul, . . . āā 3j.

M. Divide into 60 pills and inclose in capsules.
 Sig. One four times a day.

It was not convenient to remain in town, and therefore the foregoing was relied on to maintain the menstrual return. This it did. The dysmenorrhœa continuing, was treated by first one-ounce doses, six times a day, of liquor ammonia acetatis, which is often serviceable, but it failed after the first time. I then ordered the following:—

R. Mono-bromide of camphor, . . 3j
 Ext. conium, . . . gr. xv.
 Ol. theobroma, . . . q. s.

M. Divide into 12 suppositories.
 Sig. One morning and night.

This did better than the acetate of ammonia, but was not satisfactory, as the *backache* was unrelieved. I urged her to come for office-treatment, and she at last did so. Galvanism was used three times weekly in two methods. First, the current from twenty gravity cells was passed through the uterus, the anode divided between the centre and the supra-pubic regions, and the cathode to the fundus uteri by a suitable insulated electrode. Next, the bifurcated anodal electrode was applied over both ovaries (externally), and the cathode to the lumbar spine. The sittings were thirty minutes in duration. After this, once each week, central and general galvanization combined were employed for fifteen minutes. She improved at once, and went home well in three months. No relapse has happened in three years, hence the result is considered permanent.

CASE III. *Dysmenorrhœa with Insomnia*.—C. H., 23 years old, commenced menstruating at fourteen, and during the nine years following has suffered severely from dysmenorrhœa. Her *backache* was seldom absent during the month. No flexion or version existed, but the uterus was larger than normal, congested, and

painful when touched. For the last two years, in addition to the uterine disorder, she was greatly troubled with insomnia, sleep being obtained only toward morning during two-thirds of the month, and, while menstruating, not at all unless through narcotics. Her stomach was pretty well used up by the anodynes, and the opium habit was growing upon her, whilst from lack of sufficient sleep she was nervous, irritable, and steadily failing in physique.

Treatment was begun by discarding all drugs except a little simple elixir four times a day as a placebo. Her constipation, which was a bad factor in the case, was treated by abdominal faradization every morning after breakfast, and a regular visit to the water-closet following. Massage of the abdomen by herself was practised whilst soliciting the stool, and this proceeding overcame the intestinal torpor without difficulty in a short time. The dysmenorrhœa was treated as before described, with the result of completely removing it in three months. *Central galvanization* was employed every night after retiring to overcome the insomnia, the cathodal rheophore being applied to the solar plexus by a large well-moistened sponge, the anode being held in the operator's left hand, and the entire body gently rubbed by the right hand, which method obviates the interposition of the rheostat, as simple pressure of the hand, or a varying grasp of the anodal electrode, modified the current force readily. I always prefer using my stationary office battery when practicable; but as the applications were made at bedtime, after retiring, a portable apparatus was of necessity employed therefore. From eight to ten cells of a modified portable Leclanche element were used, and for such applications the very convenient battery of Curt. W. Meyer (New York) is advisable. Within a week after instituting treatment she slept well, and her insomnia vanished long before the dysmenorrhœa was cured. I have never before seen such persistent insomnia in dysmenorrhœa, and I do not think that the complication was due primarily to the uterine defect, but more likely to the worry of continually lowering health and the abuse of narcotics.

The general management of insomnia by electricity is both easy and satisfactory, and the reader is referred to a paper on this subject by the writer,* should he be interested in the mat-

ter, or to any good work on electro-therapeutics. The case was a very instructive one, and the result was a perfect cure after much suffering.

Other cases of dysmenorrhœa with varied complications might be given, but the above suffice to illustrate the forms most commonly met. In all instances *backache* is present, and usually it is severe, particularly in the nervous and congestive varieties. In obstructive cases, of course, during the first day or so, "cramp in the stomach," as they term the pain, is prominent, but once the flow is established this symptom abates. The headache, however, seldom leaves the sufferer, and it is for this reason that stress has been laid on dysmenorrhœal cases. Nothing in my experience, which has both in private and hospital work been large, equals electricity in relieving pain in the reflex disorders, particularly of the young, and if more attention was paid to the scientific application of this agent there would be fewer broken-down girls of from fourteen to twenty years of age. As I have frequently before stated, in papers referring to electro-therapeutics, the use of *first-class* apparatus is essential to success. Faradism is all very well in many cases, but in the end galvanism is the standard. A good plan for beginners is to procure ten or twelve cells of the Leclanche or gravity type, and add from time to time to the number until at least sixty, or, better, one hundred, are established. These should be kept in a cool closet or cellar on accessible shelves, and they ought to be arranged in single rows (not behind each other), so that their condition may be seen at a glance. When massed in blocks they may run down from evaporation so as to uncover the zincs, and thus reduce the electro-motive force without being noticed. The lower the shelves the better, they do not dry out so soon as when high up. Look at them every day, and keep the fluid line to the top always. If gravity cells, the lower solution (cupric sulphate) should be blue just half-way up; and if the upper (zinc sulphate solution) gets decidedly yellow, take out a little with a syringe, and add *clean* water. If the Leclanche element is used, get the prism style, and see particularly that the chloride of ammonium is *chemically pure*; internal short circuits destroy the anode rapidly if this precaution is neglected. Use perfectly clean sponges, and cover all metallic rheophores with *new* pieces of muslin for each patient. These may be held

* Philadelphia Medical Times, Vol. 161, No. 416, pp. 91-93; and Proceedings Philada. County Med. Society, Vol. VI.

in with rubber bands, if a groove is cut in the edge of the plate; and cleanliness is required, not only to obviate unnecessary resistance of dirty rheophores, but to preclude the transfer of possible skin affections from one patient to another in these days of micro-germs. Salt water is a better conductor to wet rheophores with than fresh, but with galvanism the peculiar burning is intensified by any saline. Always try the current on yourself first, and a galvanometer should be habitually interposed to measure the dose, just as you use a scale to know the amount of a solid, or a graduate to see how much liquid your patient gets. The numerous accessories can be added to your plant after experience shows their use or necessity. Record your cases, and publish interesting ones. Every young lady you cure in early life will be a friend to you afterward; and although many hesitate at local treatment at first, their good sense will eventually prevail, and particularly if other instances have come to their knowledge of your success.

246 NORTH TWENTIETH STREET.

ANEURISM OF THE ABDOMINAL AORTA.

BY W. W. TOMPKINS, M.D.

I AM induced to report this case for the following reasons: 1st. It shows, I believe, a clear relationship between syphilis as an exciting factor in the production of aneurism. 2d. The beneficial effect medicinal remedies have over it.

J. St. M., male, æt. 30 years. Had been married five years; coal miner by occupation; drank moderately; before marriage he had contracted what he called rebellious clap, which on interrogating further proves to have been syphilis. I was first called to see the case March 1, 1883; the patient was in bed, weak, emaciated, and complaining of sick stomach; was first taken sick May 19, 1882, and had since that time, and up to the period I saw him, had seven physicians, and each one seemed to have had his own diagnosis. It was called misplaced heart, dilated heart, cardiac heart disease, over acting heart. One physician said it was valvular heart trouble but he would not attempt to say which valve was affected. In one instance it was pronounced cancer of the stomach, and again it was named gastric catarrh; it was finally pronounced a tumor, and

the proposal made to open it; the patient being willing to have it removed, but his wife would not give her consent. It was this difference of opinion that made me so desirous of obtaining an autopsy after the patient's death. On my visit, I elicited the following history: Two years before, in tossing his baby up and catching it, while sitting in a rocking-chair, head thrown back, and the mouth open, the child let fall a large shawl pin which he swallowed. This pin was two or three inches long, and he never remembered having passed it. This portion of his history was an additional reason for an autopsy, to see if it had in any way occasioned his trouble, but it proved negative. On removing his shirt a large pulsating tumor was seen in the epigastric region, in the median line, extending on either side. The pulsation was synchronous with the heart. When the artery was compressed below the tumor it became more prominent, while pressure above made it less so. It felt elastic, having little tendency however to yield on pressure. Auscultation revealed a trait and murmur. Percussion gave dulness. Applying the hands to the side of the tumor caused it to expand during pulsation, and to bulge forward at the same time. I diagnosed the tumor as aneurism of the abdominal aorta. This diagnosis was particularly gratifying to the patient, as it left the heart and cancer out of consideration. He felt certain that if he had cancer or heart disease he would soon die. I mentioned the gravity of his affection, and that it was almost as surely if not equally as fatal as either of the above diseases. My opinion did not seem to discourage the patient, as he thought if neither cancer or heart disease existed he could recover. He was troubled considerably with nausea, which yielded to a mixture of bismuth, mucilage, and peppermint water. I insisted on his remaining in bed and taking medicines systematically, and confining him to a bread diet. He faithfully carried out the treatment for a period of about thirty days. At the end of this time he left his bedroom without my permission, saying he felt much better; he moved about, cut stove wood, carried water from the spring, and would occasionally go fishing, staying out late at night. The treatment made so decided an impression, nevertheless, on the tumor, which was not so large and pulsation so strong or conspicuous, that I strongly advised him to return to bed and

stay there, but he insisted on feeling so much better that he must and would go around. April 5th I ordered a mixture of the potassium iodide, chloral hydrate, and tincture of ac-nite root, which he promised to take regularly. Occasionally potassium iodide would be changed for lead-acetate. During this time he walked to Charleston, a distance of four miles, but in some way missed seeing me. I was called about five days afterward to see him, and found him suffering from rheumatic pain, which I attributed to his exposure in fishing at night. I visited him quite regularly now for the next ten days, at the end of which time he was greatly improved. I again made the request of him to take the medicine faithfully and conscientiously, which he promised to do; also to remain in bed. In about a week he again came to see me, having rowed to town in a skiff. I told him of his danger, and that the aneurism might rupture at any stroke; he replied he would let his companion row back. I visited him now about every other day, and again he did well.

On May 23, 1883, Dr. R. S. Henry, formerly of Baltimore, and his partner, Dr. L. Carr, of Charleston, visited the patient with me, and fully concurred in my diagnosis. The tumor, at this visit, was found to extend from about one inch below the ensiform cartilage to the umbilicus; it felt cartilaginous, and pulse was weak. He took his medicine from this time, but irregularly, and exercised considerably.

On June 25th, 1883, I received a call to come at once, he was much worse; responded, and found him in bed, and suffering considerably; the tumor looked a third larger than I had ever seen it; I now gave him small doses of Dover's powder, to allay pain, which he pronounced unbearable; this eased him, and he passed a good night, and next day was comparatively comfortable. On the 27th, his medicine giving out, I was again called, but could not go, but sent medicine. The following day I heard of his death. Dr. Henry accompanying me, we made the autopsy with the following result: We found in the bed a pool of clotted blood, which had issued from the rectum, which was filled with a clot; abdomen was flat where the tumor had existed, and the skin was of a yellowish hue. On opening the abdomen I found the aneurism had burst anteriorly; it readily admitted one's fist; it was filled

partly with laminated fibrine; in addition, found soft clots of recent origin, probably a quart of fluid blood was found in the abdominal cavity; one circumscribed spot of adhesion was found, where it ruptured, partly in the intestines. Posteriorly, the body of the first lumbar vertebra was found to be almost entirely destroyed. He died at 1.45 P.M., on June 28—at 11 A.M. said he did not think he would die—sitting up in bed coughing, the violence of which, I suppose, burst the tumor and attenuated walls of the sack.

It will be seen that he was better, in every way, during the time he took his medicine regularly. He was always worse on taking exercise or performing any labor. The beneficial effects are shown, further, from the fact that the sack was being filled up with laminated fibrine, in concentric layers, as the coats of an onion. On careful search no pin, or evidences of it, were found, leaving us to infer the aneurism to be of specific origin.

CHARLESTON, W. VA.

ENLARGED PROSTATE.

BY R. HARVEY REED, M.D.

IN October, 1883, a middle-aged gentleman came to me in great distress one evening, who said he had been suffering from a difficulty in passing his urine, and had been under the treatment of a homœopath, but had steadily grown worse, until now he could not pass it at all. On examination I found him to be a hale, hearty, muscular man of 48 years, who had never been sick, but who for years had been a commercial traveller, and who had acquired by his habits a very costive condition; the bowels seldom moving more than once or twice a week, which had, to my mind, evidently caused, at least to a certain degree, the enlargement of the prostate, which I soon discovered to be the cause of the retention of the urine.

The man was suffering intensely from the distension of the bladder, and I hastened to give him relief, by passing a rubber-catheter, which was easily introduced, until I reached the prostate, where I met with a considerable obstruction; a few minutes' manipulation, however, and I succeeded in passing what I found to be a very large prostate, and drew off forty ounces of water, which was but slightly amoniacal. I gave him the following:—

R. Potassii iodide . . . ʒiss.
 Extracti glycyrrhizæ . . . ʒj.
 Extracti ergotæ . . . ʒij.
 Aquæ, q. s. ad. . . . ʒiv.
 M. S. Take tr. die.

Also ordered warm injections of salt water into the rectum, morning and evening, and enjoined quiet for a few days.

I found it necessary to draw the water every day, for a few days once a day—the patient being able to pass the urine part of the time without the aid of a catheter. In the course of a week I added the following laxative:—

R. Extracti satrachæ.
 Extracti taraxicum, a. a. . . ʒj.
 Extracti colchi root . . . ʒj.
 Glycerinæ, q. s. . . . ʒiv.
 M. S. Take just before retiring.

Which seemed to keep the bowels regular, and secured a movement every morning.

I now gave him a small flexible catheter, which I taught him to introduce himself, when necessary, and which he became very expert at.

This line of treatment was kept up for about six weeks, when my patient reported himself feeling as well as ever, and insisted on going back on the road, which I reluctantly consented to.

He started on a two weeks' trip, and returned with a relapse, and was again compelled to use the catheter; I now had him paint himself extensively over the region of the prostate with—

R. Tincture iodine co.
 Oil corsti.
 Alcohol . . . ʒj.

M. S. Apply morning and evening.

The first and second prescriptions were still continued, and my patient rapidly improved, until, in two weeks, he was again feeling just as well as ever he did, to use his own expression. I prevailed on his remaining at home the remainder of the winter, and continued the first two prescriptions, which he did, although down town and out of doors, every day, without any return of his former difficulty, and to-day he reports himself feeling well, and will resume his former business next Monday.

The reason I give this brief report is, first, to show the continued effect of potas. iodide and ergot on the enlarged prostate, which he says has been troubling him for at least five

years previous to this; and, second, to show that, just as soon as he painted his bowels he became constipated, the prostate became enlarged; and, third, to show that he made the recovery without the aid of diuretics so commonly resorted to the moment a man fails to pass his water, from whatever cause. Why diuretics should be used, where we have retention of the urine from a mechanical obstruction, and disturbance of the bladder by an accumulation of this retained urine, when they seemed to increase that which we already have too much of, is beyond my ability to explain. It almost seems about as reasonable as it is for a frog to jump into a pond of water, at the approach of a thunder storm, to keep from getting wet.

MANSFIELD, Ohio, March 15, 1844.

THERAPEUTIC NOTES.

CHLORODYNE WITHOUT OPIUM.—Dr. Meylert, of New York, advises for patients cured of the opium habit the following, when an anodyne is desired, as in intestinal colic or neuralgia, to which such persons are liable:—

R. Chloroform 100
 Ether sulph. 025
 Ext. cannabis 175
 Acid hydrocyanic dil. . .030
 Hyoscyamia q. s. (?)
 Oil menth pip. 003
 Ol. capsici. 003
 Alcohol, 95 per cent. . .350
 Glycerine ad. 1000

M. Dose 10 to 30 m.

—*New York Med. Record.*

ARNICA JELLY.

Starch 280 grains.
 Glycerin 4 ounces.
 Water 1 ounce.

Mix. Heat to 240°, or until the starch grains break and the mass appears transparent. When nearly cool add tincture arnica, half ounce, with oil rose and red coloring to suit. An excellent preparation for chapped hands, face, etc.—*The Pharmacist and Chemist.*

BURN OINTMENT UNEXCELLED.

Lead plaster 6 ounces.
 Spirit turpentine and linseed oil, each 1¼ "
 Oil of origanum, pure, and tincture
 of opium, of each 6 drachms
 Glycerin 4 "
 Melt the lead plaster, then add the other ingredients, and stir till cool.

For ulcerated condition of wounds, add to above amount one-half drachm acid carbolic. Apply to burns, scalds, etc., by spreading on cotton-batting or cloth to the thickness of one-eighth inch, renewing as often as ointment becomes dry, then scraping off only the upper layer, and adding fresh ointment. No other treatment is needed until the wound is fully healed, after which no scars will be left, and immediate relief is given.—*Ibid.*

BRONCHIAL TROCHES.

Powdered extract of licorice . . .	2 drachms.
Powdered sugar . . .	3 ounces.
Powdered cubebs . . .	½ ounce.
Powdered gum arabic . . .	½ "
Fluid extract conium . . .	½ "

Beat into a mass in a mortar, and roll in a thin layer, from which cut out wafers the size of a silver dime, and allow to thoroughly dry. A good and serviceable cutter can be made by getting your tinner to make a round thimble, about four inches long, and larger at upper end, so that the lozenge will be easily removed by reversing the cutter.—*Ibid.*

CAMPHOR ICE WITH GLYCERIN.

White wax . . .	4½ ounces.
Spermaceti . . .	24 "
Cocoa butter . . .	4½ "
Olive oil . . .	16 "
Glycerin . . .	1½ "
Camphor . . .	8 "

Mix camphor and olive oil until camphor is solved; add all other ingredients, heat till solved, and pour into moulds. In cold weather this is hard—in warm weather leave out three ounces of olive oil.—*Ibid.*

CATARRH INHALANT.

Sulphuric ether . . .	1½ ounces.
Chloroform . . .	1 ounce.
Tincture iodine . . .	½ "
Tincture camphor . . .	½ "
Oil of tar . . .	¼ "

Mix and inhale, closing the nostril after each inhalation, and forcing the vapor into the nose.—*Ibid.*

EXCELSIOR COUGH SYRUP.

Morphine . . .	8 grains.
Tartar emetic . . .	4 "
Fluid extract ipecac . . .	90 minims.
Tincture sanguinaria . . .	1 ounce.
Water . . .	6 ounces.

Syrup sufficient to make two pints. Heat the water, add the morphine and tartar emetic,

stir until solved, and add the syrup cold; shake, and to this mixture add the fluid extract of ipecac. and the tincture of sanguinaria; shake, and fill the bottles of size to suit. If prepared after this formula this syrup has a rapid sale, and gives entire satisfaction. Dose for adults, one teaspoonful three times daily, and after each fit of coughing. For children, in proportion to age.—*Ibid.*

CARDIAC TONICS, CAFFEINE AND CONVALLARIA MAJALIS.—Dr. Beverly Robinson (*The-rapeutic Gazette*, August 15, 1883) advances the claims of the above drugs, substantially as follows: 1. The diuretic action of caffeine is more marked than that of convallaria; digitalis is more powerful than either. 2. Convallaria is well borne by the stomach in the case of those suffering from chronic cardiac disorder, unless the uræmic condition has already commenced. 3. Cardiac power is increased by both drugs, but digitalis is more efficient than either. 4. Digitalis, for restoring the rhythm, is more certain than either caffeine or convallaria, and cumulative effects do not appear where the latter are continued for ten days or more.

BISMUTH SALICYLATE.—The American Journal of Pharmacy for November, 1883, contains an interesting paper by Dr. L. Wolff on the chemistry of this preparation. This remedy has been used in the treatment of various forms of diarrhoea, including that of typhoid fever, but heretofore it has been objected to on account of its being found variable in character and composition, probably due to the defective mode of preparation. By the method recommended by Dr. Wolff these objections are said to be overcome, and he regards it as a most important addition to our store of remedial agents.

NEW TREATMENT FOR NEURALGIA.—Bill-roth uses a one-per-cent. solution of hyperos-mic acid subcutaneously for neuralgia, and illustrates its efficacy by a stubborn case of sciatica which was thus cured.

Politzer treats aural polypi by instilling alco-hol several times daily. It must be warm, and shrinking occurs in a few weeks. — *Wiener Med. Blatter.*

Santonine has accidentally been found of value in gleet. Five grains each of santonine and sugar, twice a day, does the business, ac-cording to a writer in the *Lancet*.

THE
Medical Bulletin.

Philadelphia, April, 1884.

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. As *THE BULLETIN* goes to press on the 20th of each month, to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, etc., will be published without charge. As also professional and business changes of physicians and pharmacutists, provided the announcement does not exceed five lines.

The attention of the business community is directed to the superior advantages enjoyed by *THE BULLETIN* as a medium for advertising their wares. Advertisements inserted at very reasonable rates.

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Notwithstanding the enlargement of *THE BULLETIN* (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

JOHN V. SHOEMAKER, M.D., Publisher,
 1031 Walnut Street, Philadelphia.

*A WORD OR TWO ABOUT
 HOSPITALS.*

HOSPITALS, of one kind or another, are as plenty as blackberries. It is the rage to have a hospital in most large cities to correspond with each religious denomination, just as soon as the money can be raked together to pay for it—that is, to pay enough to get the building ready for occupancy. It does not matter whether the churches which own this hospital are out of debt for their houses of worship or not, the main thing is to get their pet establishment made prominent, to outshine those of other sects, who are not as orthodox as themselves. Neither does it matter whether the town be well supplied with non-sectarian hospitals or not, for, as patients are plenty, there is no apprehension on that score; but next to the board of managers (men), and then the board of visiting inspectors (women, of ascetic and inquisitive peculiarities), comes the minor question of the professional staff. It

would seem that here would be the difficulty in organization; for a good hospital, to have good success, must have good doctors. There is, however, no difficulty at all in getting the very best talent for visiting physicians and surgeons, and as for resident young practitioners, they are eager to spend a year in the bad air and unhealthy surroundings which too frequently environ the hospital, for the sake of learning by practical experience what they failed to imbibe from their teachers.

Having fairly started operations inside, the next thing is to furnish gratuitous advice and medicine to people perfectly able, in three-fourths of all cases, to pay, but too mean or too sharp to do so, in the “out-door department.” The hospital thus establishes in time its fame, as a good place to secure professional attention, and as, in a short time, through the survival of the fittest, the staff of visiting physicians and surgeons has been filled with able, conscientious, and hard-working gentlemen, the advisability, nay, *the necessity* of taking in a limited number of *PAY PATIENTS* is broached, because, “you see, our expenses are enormous, and we should not tax too far the charity of the good people who support our institution.” Don’t imagine, however, for a moment, that the tithes are neglected, in the yearly collections at church, or that contributors outside the church are at all relieved from their subscriptions. These are gathered in sedulously, as before. The question just here arises: Does any one else, except the money contributors, or the ladies who do the “visiting” and “inspecting” help to “support” our distinguished hospital? “Well, no,” says the general intelligence of most hospital managers; “how could we get along without contributors or the board?” The writer has had this very query happen, in his personal experience, just as related, in a big hospital, in a big town, the manager being a big man, and a big philanthropist.

“Just so, you couldn’t; but how could you get along without your professional staff?” “Oh, well, that don’t matter, you know, the doctors are all right, they come anyhow, and

they do first-rate." That was his valuation of the doctors—it is the valuation of the majority of hospital boards, *and the doctors are themselves to blame for their position.*

We have not space at present to go into the subject exhaustively; we intend touching other phases hereafter, but we make this one point now. What right has any hospital board to ask the staff to attend *pay patients* gratuitously, in the general wards, or in private rooms, and what right has any member of the staff to give his service free to such patients in any hospital?—why should either do that which degrades and belittles professional skill and worth? Is the laborer worthy of his hire everywhere, or is medical labor of so little account that this evil, which is now widespread as hospitals themselves, is unworthy of notice? This thing has gone far enough, and it is high time that medical men of such eminence as that which draws cases of more than ordinary difficulty to their hospitals for skilful treatment should make it understood that, besides the bill for board and lodging, the patient will have to settle the physician's account also, be that account great or small, just as the board of such persons is regulated by their ability to pay. We do not, of course, here allude to those instances where private patients are sent to a hospital through an arrangement with the managers, but to the large class which pays behind the doctor's back for all services—the hospital getting all the cash, and the doctor part of the glory.

SERMONS TO MEDICAL STUDENTS.—On Sunday evening, February 24th, the Rev. Dr. Hoge, of Richmond, Va., preached a sermon to the medical classes of the University of Pennsylvania and the Jefferson Medical College. The reverend gentleman is a well-known and highly respected divine of the Presbyterian body, distinguished alike for his scientific and theological eminence in the church. His address was delivered in the Second Presbyterian Church, one of the largest and wealthiest congregations in this city, and the edifice is remarkable for its architectu-

ral beauty, not being surpassed by anything in the country, except possibly in size.

Dr. Hoge took no text, but proceeded to show his hearers, from authority and evidence outside the Bible, that man needed religion, and, after a glowing tribute to the profession to which the young men had consecrated their lives, he adduced from twelve propositions the truth and certainty of each position set forth. His sermon was non-sectarian, practical, and unanswerable. He was listened to with deep interest by the crowd of gentlemen which filled the nave and transept in every nook and corner, and for over an hour he held his audience spellbound. For simplicity of framing, poetry of thought, eloquence of diction, and logical deduction from premises conceded by all sensible people, his sermon was remarkably effective. At the termination of many periods the stillness was startling, so wrapped up were his hearers in his utterances.

With the temptations drawing hard worked students to places other than church on Sunday, it is a pity that such sermons as that of Dr. Hoge are not more frequently and more easily attainable. The allied closeness of religion and medicine must inevitably draw the Christian physician nearer to his patient, than one to whom religion is a myth, and in many instances the God-fearing doctor is the only one from whom spiritual comfort can be had, in the wilder parts of our country.

It is to be hoped that good will come from the intelligent and eloquent discourse of the eminent scholar to many of his hearers, and we take great pleasure in noting the occurrence in THE BULLETIN, in the hope that such occasions may become more frequent.

Dr. Clevenger, of Chicago, states in the Journal of the American Medical Association, that the locality of small abrasions of the cuticle may be discovered by holding the hands over strong aqua ammonia, when smarting will be produced, a touch of caustic will then seal them, prior to holding a post mortem. The hint is a valuable one.

An Ohio physician is preparing a medical lexicon in forty-two languages.

COLLEGE GOSSIP.

University of Pennsylvania.

Dr. S. Weir Mitchell has revised his excellent work on Fat and Blood.

Dr. Casper Morris (Class of 1826) died March 18th, in the 79th year of his age, at his home in Philadelphia.

Jefferson Medical College.

Dr. Henry Landis, of Columbus, Ohio, delivered the Alumni oration.

Dr. G. S. Robinson (Class of 1883) is located at 1915 Lombard Street, Philadelphia.

Professor Roberts Bartholow recommends the oil of wintergreen, locally, for rheumatic pains.

Dr. Marcos E. Velazquez (Class of 1883) is located at 320 South Tenth Street, Philadelphia.

Dr. S. A. Lacock (Class of 1879) is engaged in teaching in the Canonburg, Pa., school for nurses.

Dr. David P. Maxwell (Class of 1881) was married to Miss Lillie Henley, Feb. 26th, at Davenport, Iowa.

Dr. W. C. Bane (Class of 1879) has been one of the lecturers in the training school for nurses at Canonsburg, Pa.

Dr. L. Webster Fox (Class of 1878) recently published an excellent paper in the Medical News on metallothrapy in the treatment of ocular affections.

Dr. Thomas Coleman (Class of 1851) died at his home in Richmond, Va., March 4th, æt. 53 years. He was Professor of Obstetrics in the Medical College of Virginia.

Dr. C. B. Nancrede exhibited specimens illustrating the pathology and treatment of injuries of the shoulder-joint, at the meeting of the Philadelphia County Medical Society, March 19th.

Dr. George McClellan exhibited at the same meeting a case of amputation of the elbow-joint; a specimen of fracture of the sacrum; an aorta showing a rare origin of the great vessels, and read a note upon a ligament covering the carotids.

Dr. Henry Leaman also exhibited a specimen of old intra-capsular fracture of the femur.

Professor Samuel D. Gross has been invited by the University of Edinburgh, Scotland, to accept the honorary degree of Doctor of Laws from that university, at the celebration of the tercentenary of its foundation, April 17.

Michigan College of Medicine.

Twenty-seven diplomas were granted at the commencement exercises held March 3d.

St. Joseph Medical College.

A class of six received their degrees Feb. 21st.

University Medical School, New York.

Dr. F. K. Perkins delivered the valedictory address.

Dr. Henry U. Braunlich (Class of 1883) was admitted to membership in the Scott County Medical Society, Iowa, Feb. 7, 1884.

The forty-third annual commencement of the medical department was held at the Academy of Music on Tuesday evening, March 11th. The graduating class numbered one hundred and sixty-four gentlemen. Prizes were awarded to A. J. Meuer, C. J. Kane and W. E. Kissam, of New York; C. A. Rhodes, of New Jersey; G. A. Tomson, of Indiana, and R. C. Eddy, of Syria. The honor men were as follows: C. A. Rhodes, G. A. Thompson, D. S. Dougherty, R. C. Eddy, W. T. Cleaveland, W. C. Eidenmüller, J. M. Stanley, J. E. Giles, E. M. Parker, W. F. Crandall, H. S. Sterns, J. W. Van Deusen, J. B. Bogart, F. K. Perkins, L. Baumann, W. S. Terrey, J. D. Jones, and J. W. Ellis.

University of Buffalo.

Professor Roswell Park delivered the address to the graduating class, Feb. 26th.

John T. Pitkin, of Buffalo, received first honorable mention for his thesis, and W. F. Gardner, of Conewango, was accorded the second place.

Dr. E. N. Brush, the president at the meeting of the Alumni Association, delivered an address on the preparatory education of medical students.

Medical College of Ohio.

Dr. David Beck, of Cincinnati, read a paper at the Alumni meeting on color blindness.

Dr. Isaac V. Gard, of Gresaville, O., was elected president of the Alumni Association.

At the commencement exercises, March 7th, one hundred members of the class graduated. Professor P. S. Connor delivered the valedictory address.

Dr. George T. Sutton, of Lawrenceburg, Ind., delivered the same afternoon the Alumni address, on the changes in the form of disease in the Ohio Valley.

Albany Medical College, New York.

Dr. Horace L. Hanks was elected president of the Alumni Association at their annual meeting.

At the fifty-second annual commencement, held March 5th, forty members of the class had the degree of doctor of medicine conferred upon them.

Harvard Medical School.

Drs. Charles E. Warren and W. E. Smith are editors of the International Review of Medical and Surgical Technics.

University of Louisville, Kentucky.

Dr. Coleman Rogers (Class of 1865) presided at the annual meeting of the Alumni Association.

D. F. C. Leber (Class of 1846), of Louisville, was elected second vice-president of the Alumni Association.

Dr. E. P. Ealy (Class of 1872), of New Albany, Ind., was elected secretary of the Alumni Association.

Dr. Nathan Bozeman (Class of 1848), of New York, was elected first vice-president of the Alumni Association.

Dr. H. K. Pusey (Class of 1849), of Louisville, Ky., was elected president of the Alumni Association. The annual address, which he delivered at the meeting, was an able production.

Miami Medical College.

Graduating class numbered twenty-eight.

Dr. William Clendening, the Dean, delivered the opening address at the commencement exercises, March 6.

Professor W. H. Taylor delivered the valedictory address, on "The Relations of the Medical Profession to the Community."

University Medical School, Vermont.

The new building, the gift of Mr. John Howard, was inaugurated with appropriate exercises the 6th of March.

College of Physicians and Surgeons, Maryland.

One hundred and twenty-seven candidates received their degree at the annual commencement held last month.

Bellevue Hospital Medical College.

Dr. J. H. Cox (Class of 1883) has located at Pilot Grove, Mo., and is meeting with good success.

Arkansas University.

Thirteen students graduated March 13th.

Dr. J. J. McAlmont delivered the valedictory address.

St. Louis Medical College.

The annual commencement was held March 5th, at which time thirty-four students graduated.

University of Maryland.

A memorial tablet to the late Dr. Ambler will be placed in the school by the Faculty.

College of Physicians and Surgeons, New York.

Dr. John C. Dalton has been elected president of the college.

Rush Medical College.

One hundred and sixty-eight students graduated on commencement day, Feb. 19th.

Detroit Medical College.

Twenty-five men received the degree of M.D. February 29.

MEDICAL NEWS AND MISCELLANY.

The International Medical Congress will convene at Copenhagen on August 2d, 1884.

Bacilli are said to become sick at times, they get dropsy, and doubtless suffer from malaria, in properly selected localities.

THE LATE DR. AMBLER.—The medical corps of the Navy are taking measures for the erection of a monument to the late Dr. Ambler.

Fifty thousand dollars have been appropriated to a laboratory for physiological research at Oxford.

BRITISH MEDICAL ASSOCIATION.—The fifty-second annual meeting of the association will be held at Belfast on July 29, 30, and 31, and August 1st, 1884.

SURGEON-GENERAL OF THE NAVY.—Surgeon Gunnell has been appointed Surgeon-General and Chief of the Bureau of Medicine and Surgery of the Navy.

The New York Assembly has passed an ordinance restricting the labor of car drivers and conductors to twelve hours daily. Philadelphia needs a similar statute.

"Let us pursue the subject a little farther," said the medical students at the bedside of a dying patient. So the next night they went out and stole the body from the cemetery.

Country doctors can render their shoes waterproof by soaking them in a strong solution of soap for some hours. The compound forms a fatty acid within the leather, rendering it impervious to water.

Dr. Lunsford P. Yandell, senior editor of the Louisville Medical News and Professor of the Practice of Medicine in the University of Louisville, died suddenly, at his home, on the 12th of March. Dr. Yandell attained great eminence in his profession, and was widely known as an able editor, teacher, and a practical physician.

NEURALGIA. — Apostoli employs the faradic current, of high tension, for ovarian or uterine pain, daily, for ten minutes. Dr. Blackwood, of this city, in several published papers in THE BULLETIN, and elsewhere, details in full the value of electricity, in "ovarian congestion and neuralgia;" but he prefers, decidedly, the galvanic current, with at times static electricity. The effect in dysmenorrhœa and allied diseases is remarkably good.

MEDICAL SOCIETY OF PENNSYLVANIA.—The Thirty-fifth Annual Meeting will be held in Philadelphia on Wednesday, Thursday and Friday, May 14, 15, 16, 1884, commencing on Wednesday, May 14th, at 9 A.M.

Amendment to be acted upon:—

By Dr. H. Leffmann: No paper shall be read before this Society unless the same shall have been previously read, either in full or in abstract, before a County Society, and by it referred to the State Society.

Appointments for 1884:—To prepare Address in Surgery, Dr. John B. Roberts, Philadelphia. To prepare Address in Obstetrics, Dr. James Price, West Chester. To prepare Address in Hygiene, Dr. Benjamin Lee, Philadelphia. To prepare Address in Mental Disorders, Dr. Alice Bennett, Norristown. To prepare Address in Medicine, Dr. W. H. Daly, Pittsburgh. To prepare Address in Ophthalmology, Dr. Wm. S. Little, Philadelphia. Secretaries of County Medical Societies are earnestly requested to forward at once complete lists of their officers and members, giving the post-office address of each. Every delegate, before admission, shall produce a certificate of delegation, signed by the president or secretary of his County Society. Every permanent member (not a delegate), before admission, shall produce a certificate of good standing in his County Society.—(Extract from Constitution.)

WM. B. ATKINSON, Sec'y.

Railroads.—The Pennsylvania Railroad and its branches, and the Philadelphia and Reading Railroad and its branches, will issue excursion tickets at the rate of two cents a mile. All who desire to avail themselves of this should notify the Permanent Secretary, stating the number of excursion orders required, and the railroad over which the party must travel to the place of meeting.

FAILURE OF HOT WATER IN POST-PARTUM HEMORRHAGE.—Dr. Kearney details in the St. Louis Com. of Medicine his persistent effort to induce uterine consolidation with hot water, and also hot water with tincture of iodine, in a case of flooding. The effort failed. The application of electricity (what current not stated) was at once successful. Faradism being the best for this purpose, and most commonly used, was probably the kind employed.

Dr. Boenning, in a letter to the Philadelphia Medical Times, states that a zone resembling albumen is produced by urates thrown out of solution, in the ordinary Heller's test (cold nitric acid, overlaid by urine). He *boils* the acid and adds the urine whilst boiling. If a zone then be found it is albumen and nothing else. He thinks the test equally delicate for small amounts of albumen with any other.

REMARKABLE OBSTETRIC ADVENTURE.—Dr. Pierre whilst on duty at the Hospital St. Antoine, was around at midnight to receive a patient bringing an infant almost naked. She stated that at ten P. M. she was engaged at a ball, she being partial to such amusements; after several dances she felt pains. "So much the worse of it is coming this evening, I have not reached my full time," she said; "the more I suffered the more I danced. In the *cavalier seul*, which at our balls leaves the ladies dancing alone, I made astonishing contortions whilst dancing; the galop followed, and I seized my partner with an unusual vigor, then the waters broke. The accident was attributed to a different cause. Jokes rained on me and I escaped, but was pursued down the boulevard, about thirty being at my heels. At Midi-Charenton I climbed a fence, and my pursuers lost me. I sat on the ground—it was time—the child came, and I have wrapped it up in my handkerchief; I think it will live." She was right; mother and child did well, and left the hospital in ten days [not the Presbyterian Hospital of this city, it is down on balls and they who go there].—*Gazette Medicale de Picardie*.

A DISTRESSING MALADY.—It was a Cass-ave. car.

"How is your newreology?" asked one passenger of another.

"Bad! This weather doesn't improve it any," was the despondent answer.

"Talking of newraology," said a man in the corner to the one next him, "I can tell by mine when the weather is going to change. It's as good as a barometer."

"I never had neuralgia but once, and then I nearly died," said another passenger.

"Isn't it strange how many different ways there are of pronouncing that word?" remarked a lady to her friend.

"Yes; and I have even heard it called neuralgia," said the friend.

"I dare say. We get out here."—*Detroit Free Press*.

We have received a copy of the National Standard, Salem, N. J., containing a short but beautiful poem by Dr. E. S. Sharp, of that place, written on the occasion of his visit to Ireland. The poem is entitled "Farewell to Glengariffe," and the following stanza is selected:—

"Glengariffe! fairer spot to me
Than e'er my footsteps yet have trod,
With all thine islets of the sea,
And hills, and vales, and flowering sod;
Oh! could I feel as though 'twere thine
To know the peace that thou hast given
Whilst thy allurements now combine
To make an earthly heaven."

BACILLIPHOBIA.—Herr Oberprofessor Keimerzenger von Verdammtnauburg (!) and Professor Caccischlachter, it is claimed, have recently made some remarkable discoveries in disease germs, says the Philadelphia Medical Times. For instance, the bacillus of gout flourishes on green turtle soup, while the bacteria of colic find a favorable soil in the green apple; tubercle bacilli flourish on boiled cabbage, but perish on moist sauerkraut. By a persistent diet of the latter article, under the direction of the Herr Oberprofessor, some of his assistants were saturated to the point of insusceptibility—a discovery which will probably put an end to the cavils at the failure of these researches to yield practical results. Most startling of all, however, is Herr Keimerzenger's latest discovery, which is of the greatest importance to the human race—indeed its perpetuation may be said to rest upon it; but for this we must refer the reader to the original communication from *Reichschwamm*, which is written in the style of convincing candor, by one who evidently does not belong to Verdammtnauburg himself, but is an American flourishing a *non-de-plume*.

ARTIFICIAL PROPAGATION OF VACCINE VIRUS.—Dr. Buist, of Helsingfors, announces that, by cultivation, the bacilli arising from micrococci of vaccine virus will, in turn, produce crops of micrococci. His formula is as follows:—

R. Blood serum	.	.	1 part.
Glycerin	.	.	1 "
Aqua distillat	..	.	1 "
Calci carbonat	.		1-900 "

This fluid is sterilized by keeping it at a temperature of 60° c.; it is then spread on a glass plate, a drop of vaccine lymph is mixed with it, and the whole covered with a glass bell. It is kept for ten days, when the surface is covered with vaccine organisms, according to the doctor. A little of this is capable of producing the true vaccine vesicle by inoculation. This inoculation is proof against a second, but whether immunity from variola is thus received is not stated.—*New York Med. Record*.

A member of the Royal College of Surgeons states in Nature that of seventy well-authenticated skeletons which he examined, the lower limbs were equal in length in only seven instances; the right leg was longer in twenty-five cases, and the left in thirty-eight instances. It is claimed that though this will, in persons walking without knowing their surroundings, make their step longer with one limb than with the shorter one, and thereby tend to produce traveling in a circle, as people do when lost in the woods. In most of the skeletons referred to the right arm was longer than the left.

NOTES, QUERIES, AND REPLIES.

DIPLOMA LOST.

Editor Medical Bulletin:

DEAR SIR: In September last I missed my diploma, issued A. D. 1874, by the Medical College of Ohio. Thinking I had mislaid it, I gave it but little consideration, but now I am satisfied some one stole it, no doubt, with the intention of practising medicine. Will you oblige me by making mention of it in your worthy Journal, and confer a lasting favor on,

Fraternally yours,

JAMES ANDREW AVERDICK.

Covington, Ky.

THE USE OF PERSULPHATE OF IRON FOR THE CURE OF HÆMORRHOIDS AND PROCTOCELE.

There are numerous remedies recommended for the cure of hæmorrhoids, and I have tried many; but I can safely say that not one in the whole Pharmacopœa has given me results as favorable as the persulphate of iron.

In cases known ordinarily as bleeding piles, it acts *promptly* and *positively*, thus giving the best results. In such cases the dose should be ferri subsulphate gr. iss. t. i. d., internally, and the following ointment applied locally:—

R. Unguenti,	.	.	3j.
Ferri subsulphatis,	.		gr. xij.
M. Sig.	Apply night and morning.		

I have known hæmorrhoidal tumors, the result of pregnancy, to disappear entirely in less than a week on the application of the internal use of subsulphate of iron, as directed above.

Piles, the result of violent efforts at stool, disappear promptly by combining the internal use of the powder and the local use of the ointment.

In this connection I would also mention that in proctocèle a most satisfactory result can be obtained from the internal use of the persalt of iron in doses of gr. ii., t. i. d., besides the local application of the ointment as in piles.

SAMUEL WIMPELBERG, M.D.

Poughkeepsie, N. Y.

NERVE-SHEATH ADHESIONS.

Lucretia Wilson, colored, aged 72. Six years ago, without apparent cause, her attention was called to pains in her feet, which in time became constant and of increasing severity. Medical advice from various sources brought no relief.

Placing herself in my charge two months ago, I learned the history already given, and found her health greatly impaired through suffering and loss of sleep.

The pain was, and has always been confined to the feet, and essentially to the plantar surfaces—never absent, uninfluenced by atmospheric changes, though influenced by position,

and increasing gradually in severity. No history of swelling, effusion, or deformity; and heart signs normal.

Seemingly careless in her habits, I could only infer the condition depended on exposure; by standing in bare, or poorly-covered feet, on some cold surface, giving rise to a diffused neuritis, with consequent adhesions within and without the sheath in the distribution of the plantar nerves to the respective portions of the foot. Recognizing the condition as such, her general health was cared for, and strong applications of lead water and laudanum were used as occasion required; in this way securing anodyne effects from the opium, and a local anæsthesia through the effects of lead. The result has been admirable, and an effusion, which might have followed the long-continued use of lead on peripheral vessels, has not been manifest.

This woman, whose life had been a burden to herself and to others, three weeks ago walked a distance of more than half a mile to visit a relative, leaving the house for the first time in six years, and now enjoys comparative ease. Though adhesions themselves are common enough, this case among 30,000 miscellaneous hospital out-patients has no counterpart, which gives it an identity; and yielding so well to the treatment adopted, after having resisted that directed by others, recommends itself to your notice.

GEORGE W. MIEL, M.D.

Howard Hospital, Philadelphia.

STRAIN AT A GNAT AND SWALLOW A CAMEL.

Editor Medical Bulletin:

DEAR SIR: Within a few days past a sum of ten thousand dollars was raised at the annual charity ball at the Academy of Music in this city, twenty-five hundred dollars of which amount was sent to the Presbyterian Hospital as a donation. The trustees, many of whom are clergymen, and, as usual, bad business men, returned the check to the managers with a polite letter declining the money, because the hospital was by its charter considered a means of grace, spiritually, with particular reference to the inculcation of Presbyterian doctrine; or, throwing out the verbiage of the letter as transmitted, the institution was more a Presbyterian church in which to teach Christianity and administer sacraments, than what the charitable public have hitherto believed it to be—a *hospital*—for the cure or alleviation of physical suffering.

In returning the money, the trustees said nothing as to its being not needed, but from the urgent appeals for funds periodically made in churches and elsewhere, and from personal knowledge of many defects in the necessary internal mechanism of this hospital, we know that the sum rejected would have been extremely welcome, and of untold service, if properly applied.

When one sheep in a drove jumps at anything, all the rest of the flock follows its example, and the action of the trustees in this matter, so far as the ministers were concerned, was doubtless encouraged if not controlled by the fulminations of a pastor who, on a recent Sunday, hauled this donation over the coals in real old-fashioned style. He denounced grab-bags, lotteries, and other allied swindles, incident to the general run of church fairs (which was commendable in him), and he rode rough shod over balls and dances of all kinds (which, with due respect to his opinions, is questionable). He went further. He "thanked God that not a stone of this church, [his own] was raised by such methods," and so on, all of which bombast was very refreshing at the time, but which would not bear close investigation, either in that particular edifice, or in others which he has occupied for brief periods in his travels; but his denunciation attained its end, directly or indirectly—the hospital loses the money.

How can the position here assumed be carried out honestly and logically? There is in plenty of Presbyterian congregations of this city thousands of dollars contributed to church purposes yearly by whiskey-sellers—who send to drunkards' graves every year those who but for them and their traffic would be happy and prosperous citizens—and by brokers in name, but gamblers in reality, who, through "puts and calls, straddles and margins," lead astray both young and old, and grow defaulters as a steady crop. Worldly labor on Sunday sends large sums into the church from railroads and other corporations. Is their pew-rent refused, is their dollar or penny thrown out of the contribution box? Not much! It all goes into the common pile, and the minister's share as salary is just as good to him when he gets it as is the sexton's, the coal man's, or the gas company's, and thousands upon thousands of dollars are built up in church walls as gifts from rum, tobacco, and from pettifogging lawyers who defend red-handed criminals as soon as they would a bishop or a saint. The trustees ask no questions, they take all contributions promptly if not gratefully. More than this, we know from professional association with many Presbyterian families, that they are not at all straight-laced about dancing in private or in public, and that more than one of such families was represented at this particular ball. How about that? The milk-and-water admonitions given from time to time in a few pulpits are neither calculated or intended to interfere with the indulgence in a diversion alike legitimate as an amusement, and consistent with both written, civil, and moral law. We are told in the Book of books that dancing was indulged in by those who desired to express not simply their joyous spirit, but their religious

fervor, even "before the ark," and they were not rebuked therefor.

One division of the Presbyterian church—the Covenanters—consistently and persistently refuses to countenance rum-sellers or other immoral characters as communicants, they compel their people to obey and reverence not only the laws but the traditions of their faith, and no exception is permitted. They are in this honest, at all events, though illiberal and behind the times. In them such action as the refusal of funds for church purposes, obtained otherwise than by direct contribution in church or by reputable citizens, would be in keeping with their creed and practice, but in the intelligent, educated, and progressive Presbyterian church of to-day, the action of the hospital trustees is inconsistent and indefensible bigotry, pure and simple. The trustees get some cheap glory in the opinion of a few thoughtless persons of their creed, and the needy patients in the wards are the losers, not only of this money, but of more, which may be withheld in the future by contributors, who feel that they can put their cash where it will do more good. The cause of charity is no loser by this absurd act, the money will go to those who decline to quibble, and eventually the poor will get it through other channels. It is too late for this board to dicker about the origin of their financial supplies; it has accepted thousands of dollars from what in the usual cant is termed "unholy sources," and the expenditures are entirely beyond what they should be for the benefits secured to the legitimate objects of a hospital. It is with pleasure, we learn, since this letter is in type, that a generous friend has contributed three thousand dollars to cover the loss.

Yours, respectfully,

A HOSPITAL PHYSICIAN.

BOOK REVIEWS.

Materia Medica for Physicians and Students.—

By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and General Therapeutics in Jefferson Medical College, Philadelphia. Ninth edition, revised by Clement Biddle, M.D., U. S. N. Cloth, 8vo. Pp. 537. With numerous illustrations. Philadelphia: P. Blakiston, Son & Co., 1883.

To those who are already familiar with the treatise of Professor Biddle, the simple announcement of this new edition will be sufficient to create a demand for the work. There are others, comparatively young in the practice of medicine, who will be pleased to know that a work which has passed through eight successive revisions has still that in it which warrants the publishers in again offering it to the profession,

but in a new dress. It has been largely rewritten, and the revision for the most part has passed through the hands of Dr. Henry Morris, a gentleman well qualified for this important task. A material alteration is noticeable in this edition, namely, the consideration of the action of remedies is now considered from the physiological, instead of as heretofore from the empirical standpoint, a departure which will no doubt prove acceptable to the majority of readers. An attempt has been made to follow the new nomenclature so far as terminology, but for some reason the editor has not seen fit to follow strictly this course, hence we find quinia, quinine and quina, strichnia, strichnine and strichnina, as well as the names of other similarly spelled alkaloids appearing side by side, a fault, however, which may not prove unacceptable to some of the older practitioners.

By way of improvement we may note the addition of many new remedies; a different classification has been adopted, and the editor has added, in an appendix, some notes on the Chinese *Materia Medica*. The mechanical execution is good, and a copious index greatly enhances its value.

Electricity in Medicine and Surgery. By GEO. C. PITZER, M.D. 2d edition. Pp. 138. St. Louis, Mo., 1883.

In this book the author has given a clear description of the practical application of the various forms of electricity in therapeutics. The subject is illustrated in each department by appropriate cases, and a number of wood-cuts show the various styles of batteries and accessory mechanism employed. For general practitioners the book is a plain, readable treatise, and will repay its possessor amply. The exhaustion of the first edition at an early date proves its acceptability to the profession at large.

Transactions of the Medical Society of New Jersey for 1883. Paper covers, 8vo. Pp. 398. Newark: L. J. Hardham.

The one hundred and seventeenth annual meeting of this society was held at Atlantic City in June last, at which twenty district societies reported by delegates, embracing no less than five hundred and eighty members. Amongst the important papers coming before the society for consideration we may mention the annual address of the president, Dr. J. W. Snowden, on "The advances made in Medicine by Physical Diagnosis." It shows careful and extensive research, and is an extremely practical document. Other essays may be referred to as follows: Insanity and its Problems, by Joseph Parish, M.D.; on Causes of Melancholia, by George Bayles, M.D.; on the Management of Cases of Iritis, by Charles J. Kipp, M.D., and a stirring rebuke to

the profession by David Warman, M.D., on Professional Fees and Professional Honor. The paper of Dr. Stephen Wickes, on Sepulture, its Methods and Requisites, is sufficiently exhaustive to be classed as a treatise in the volume, and is an elaborate and well digested *résumé* of the subject from the earliest times, embracing one hundred and eighteen pages, to which is added an index of more than five pages. The remainder of the volume is occupied with obituary notices, of which there are eleven, and the reports of district societies; and as a whole the volume shows that steady progress is being made by this ancient but respectable organization. The members of the society are to be congratulated on the bright outlook for the future.

Transactions of the Minnesota State Medical Society. Boards, 8vo. Pp. 296. St. Paul: H. M. Smyth Printing Co., 1883.

In addition to the usual routine business of the fifteenth annual meeting of this society, the address of welcome, and the president's annual address, we have a series of communications from members throughout the State reporting important or interesting cases, or from committees specially appointed. These have been classified under their appropriate headings, as follows: Practical Medicine, Surgery, Materia Medica, Diseases of the Nervous System, Epidemics, Hygiene, etc., Ophthalmology and Otolgy. We cannot omit to mention in this connection the paper from Dr. Charles H. Hewitt, who reports for the committee on Medical Education, from which we learn that the physicians in that far away State have taken a positive stand as to the preliminary acquirements of students entering upon the study of medicine, and, by means of the "Minnesota plan," which provides for an examining board, in connection with the University of the State, it is hoped that all quacks and irresponsible and incompetent persons will be deprived of the right to practise.

A new departure has been determined upon, and in future, instead of voluntary contributions of interesting cases, the annual meetings will be devoted to the consideration of original papers, a change which points to more profitable work at these gatherings.

First Annual Report of the New York Skin and Cancer Hospital, No 243 East 34th Street, New York. New York: 1884.

In a pamphlet of thirty-two pages we have recorded an account of the organization, the names of the officers and the contributors who have so generously supported the institution, and although yet in its infancy, the amount of work done is considerable. Aside from the Philadelphia Hospital for Skin Diseases, which is the pioneer in this country, the New York institution

is the only one on this side of the Atlantic, and statistics already show conclusively that patients in abundance will be found who desire the advantages which such an hospital can offer. The physicians in charge will no doubt improve these advantages, and in so doing they will place the entire profession under obligations to them for the reports of their work in this department. During the year 774 cases have been treated—293 males and 481 females—and according to the report, about one-third of them were affected with eczema.

Palliser's Useful Details (Palliser, Palliser & Co., Bridgeport, Conn.), consists of a series of forty plates, 20 by 27 inches, illustrative of Constructional Details of the prevailing styles of modern work, and will prove especially valuable to carpenters and builders. These designs are on the scale of 3-4 inches to the foot and upwards, so that any mechanic can easily understand and execute them; and, together with the explanations accompanying them, it is believed that others will be better enabled to convey to the builder a correct idea of their wants in regard to the various details required in finishing. It may be added that these drawings embrace designs for doors, exterior and interior, windows, cornices, mantels, staircases, towers, cupolas, chimneys, porches, sideboards, bookcases, fences etc. etc., all of the latest and most approved patterns. We bespeak for the work an appreciative reception on the part of those who may have in contemplation the erection of dwellings in modern styles.

First Annual Report of the Provincial Board of Health of Ontario. For the year 1882. Toronto: C. Blackett Robinson.

The officers of this Board, who are all men of recognized ability in the profession, in imitation of their brethren across the line in Michigan, have begun a good work for the citizens of Ontario. Although the volume in hand does not show that more than a commencement has been made, much of the material being transcribed from the reports from other sections, it indicates a thoroughness and precision on the part of the managers which is well calculated to inspire confidence in their work for the future. The investigation of the sewerage system of the town of Sarnia has enabled them to point out some material defects, which in other towns may be corrected, or in case a system of sewerage has not yet been adopted, may be avoided altogether.

It will be appropriate here to refer to the map issued by the Board, illustrating the weekly prevalence of disease throughout the province, an important work which appears to be receiving the attention of many of the best physicians.

Involving a large amount of labor, and apparently of no immediate special advantage to the physician, the time will yet come when these reports will be highly prized, and as they become more complete, by an increased number of reporters, their historical value will be greatly augmented.

Hand-Book of Eclampsia, or Notes and Cases of Puerperal Convulsions. By Drs. E. MICHE-
NER, J. H. STUBBS, E. THOMPSON, R. B. EW-
ING, and S. STEBBINS. Cloth, 12mo. Pp. 68.
Philadelphia: F. A. Davis, Att'y, 1883. Price
75 cents.

The gentlemen whose names appear on the title page of this little brochure are all now, or have been, engaged in practice in the vicinity of Avondale, Chester Co., Pennsylvania, and their combined experience is briefly reported for the benefit of those who may desire to follow in their footsteps. Forty-four cases in all are reported, classified under the heads of Hysteriform, Epileptiform and Apoplectiform, and together these cases form one of the most cogent arguments in favor of blood-letting. Whoever has listened to the thrilling accounts told so eloquently by Emeritus Professor Wallace, in Jefferson Medical College, will peruse with avidity these few brief but practical records. Some typographical errors have been noted in the text: thus, the 25th case is stated to have been an Irishman, but of course these will creep in under the most careful proof-reading.

The Medical Directory of Philadelphia for 1884.
Edited by SAMUEL B. HOPPIN, M.D. Phila-
delphia: P. Blakiston, Son & Co., 1884.

We congratulate the publishers on the handsome manner in which they have presented the Medical Directory, in a mechanical point of view. In the binding and typography they have displayed excellent taste. The arrangement of the contents is all that could be desired, and the whole book presents a pleasing appearance, and in saying this we say all that can be said in its favor.

It is putting it mildly to remark that the book abounds with inaccuracies, and the editor must certainly have been indulging in a Rip Van Winkle sleep before commencing his editorial task, or else he took no note of the changes that have occurred in the last few years in the medical annals of this city. He should have remembered that this is a progressive age, and that it will not enhance the value of his labors to abstract from directories of the past, without first ascertaining whether revision is or is not needed. Such carelessness is inexcusable. He should also remember that, while catering for the patronage of quacks and pretenders, not to indulge in a fling at their expense. It is in very bad

taste and unmanly. We certainly cannot advise our readers to purchase this directory, and therefore summarily dismiss it.

A Plea for the Cure of Rupture, or the Pathology of the Subcutaneous Operation by Injection for the Cure of Hernia. By JOSEPH H. WARREN, A.M., M.D. Paper covers, pp. 120. Boston: James R. Osgood & Co., 1884.

No one can read the monograph of Dr. Warren without a gratifying sense of relief. The operations of this surgeon have been attended with such successful results, as shown by the tables published, that he is entitled to no stinted praise for his researches in this department of surgery. Declining all offers to practise his method for the sole purpose of pecuniary gain, although his opportunities for doing so have been numerous, he has generously given to the profession the results of his experience, together with a full and complete description of the methods pursued. We cheerfully commend this work to those who desire to familiarize themselves with the teachings of Dr. Warren on a subject about which there has been so much controversy. The publishers are entitled to a high compliment for the superior manner in which their part of the work has been performed.

Electrical Measurement and the Galvanometer: its Construction and Uses. By T. D. LOCK-
WOOD. Pp. iii. 137. New York: J. H. Bun-
nell & Co., 112 Liberty Street, 1883.

We have seldom perused a more interesting book. This little treatise completely covers the ground indicated by its title, and the clearness of description and logical reasoning are unequalled in any work of a similar nature. Without any abstruse algebraic equations or head-splitting theories, the various points are explained fully, and any intelligent student must comprehend them. The diagrams are numerous and well engraved; the tables of tangents and sines are excellently worked out, and the whole mechanical execution of the book is commendable. The mastery of electrical measurement is a duty incumbent upon all electricians, and this manual makes the problem a pleasure instead of a trouble. We agree with the author in commending the instruments of Messrs. Bunnell & Co. as superior; they excel any which we have used, in not only measurement, but for general electrical work.

A Treatise on Syphilis in New-born Children and Infants at the Breast. By P. DIDAY. Translated by G. Whitley, M.D. With Notes and Appendix by F. R. Sturgis, M.D. Cloth, 8vo. Pp. 310. New York: William Wood & Co., 1883.

More than a quarter of a century has elapsed

since the work of Diday was translated by the authority of the Sydenham Society, and although there have been material changes in the views held by later observers, the careful observations of this author are such that the American editor has well said in reference to the method of annotation which he has adopted, "It will serve to bring out many points in the pathology and treatment of infantile syphilis better than it could have been done in an independent work."

A simple and efficient classification has been adopted, by means of which the author is enabled to develop to the best advantage the peculiar phases of syphilis in the new-born, either hereditary or acquired, and many illustrative examples are recorded. Thus, we have, first, the etiology; second, the semeiology; third, the prognosis; fourth, the medico-legal bearings; and fifth, the treatment.

On the Relations of Micro-Organisms to Disease.

By WM. T. BELFIELD, M.D., Lecturer on Pathology, and on Genito-Urinary Diseases (Post-Graduate Course) Rush Medical College, Chicago. Reprinted from the Medical Record. Cloth, 12mo. Pp 131. Chicago: W. T. Keener, 1883.

The Cartwright Lectures of Professor Belfield have already received flattering testimonials, but none more than they deserved, and their reproduction in the present form will greatly add to their permanent value. They aim to give a recapitulation of the advances which of late years have been made in the study of bacteria, and the influence which it is claimed by some these bacteria have in the production of the various diseases. From this point of view the theories have been studied, and the reviewer would be in fault were he to take exceptions to the methods pursued. The fact is that too many of our brethren are wrapped up in the so-called germ theory to such an extent that the warp and woof is now so fine that the whole fabric is transparent; and to those who are not yet daft on the subject, the cool deliberations of Professor Belfield will prove refreshing. The value of the book would have been greatly enhanced had either an index or a synopsis of the lectures accompanied it, but the reader will not infer from this that the entire-text does not merit careful perusal.

NEW PUBLICATIONS RECEIVED.

The Possibility of Abnormal Ocular Conditions through the Sympathetic System Impairing the Function of the Uterus. By William S. Little, A.M., M.D., Philadelphia.

Weberhäutung und Weberhomung (Dermatoplasia and Keratoplasia). By Dr. P. G. Unna, Hamburg. Reprint from the Berliner Klin. Wochenschrift, 1883, No. 35.

Weekly Health Bulletin. Issued by the Provincial Board of Health of Ontario, with weather reports supplied from the meteorological department, for the weeks ending October 6th, 20th, and 27th; November 3d, 10th, 17th, and 24th. New Beiträge zur Anatomie der Haut (New Contributions to the Anatomy of the Skin). By Dr. P. G. Unna, Hamburg. Reprint from the Monatshefte für Praktische Dermatologie. 2 vols., Nos. 7 and 8.

Weekly Health Bulletin, with Weather Report Supplied from the Meteorological Department. Issued by the Provincial Board of Health of Ontario. For the weeks ending Saturday, Dec. 1, 8, 15, 22 and 29, 1883; Jan. 5, 12 and 19, 1884.

Infusion of Jequirity, or Licorice Bean in Invertebrate Pannus, with a report of several successful cases. By Edward S. Peck, M.D., Surgeon to the Eye and Ear Department of the Northwestern Dispensary; Visiting Surgeon to the Ophthalmic Division of Charity Hospital, New York.

From Dr. Authur Van Harlingen, Secretary, "Transactions of the American Dermatological Association." Seventh annual meeting, held at Lake George, N. Y., August 29, 30, and 31, 1883. In this little pamphlet of forty-eight pages may be found synopses of the papers which were read, together with the discussions which followed, at the last meeting of the association. It contains also a series of statistical tables showing the returns from the respective districts, as well as the combined returns of five years—1878-82.

From Dr. H. O. Marcy, of New York, a copy of the Annual Address delivered before the American Academy of Medicine, October 10, 1883. "Recent Advances of Sanitary Science, and the relations of Micro-Organisms to Disease," was the subject discussed, and his arguments on this important matter form a document of no small importance. Dr. Marcy has shown conclusively the immediate necessity for active efforts on the part of every member of the community for the prevention of disease, and we heartily commend his teachings.

From Dr. William B. Atkinson, of Philadelphia, Permanent Secretary, "Index to the Transactions of the American Medical Association." Vols. I. to XXXIII. Cloth, 8vo. Pp. 130. Philadelphia: William Fell & Co., 1883.

The index prepared by Dr. Atkinson is an acceptable and a timely publication, and will be welcomed and frequently consulted by those who have complete sets. Coming at a time when the annual volume has been discontinued, the thirty-three volumes which have preceded it will be thus made perfect, and will form an interesting section in the physician's library.